

UTILITY PATENT APPLICATION TRANSMITTAL	Attorney Docket No.:	CML00878AC
	First Inventor:	Hammadou et al
	Title:	A PROGRAMMABLE SENSOR ARRAY
	Express Mail Label No.:	EU940605676US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450
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- ☒ Fee Transmittal Form in duplicate
(Submit an original and a duplicate for fee processing)
- ☐ Applicant claims small entity status
See 37 CFR 1.27
- ☒ Specification Total Pages
(preferred arrangement set forth below)
-Descriptive title of the invention
-Cross Reference to Related Applications
-Statement Regarding Fed sponsored R&D
-Reference to sequence listing, a table,
-Background of the Invention
-Brief Summary of the Invention
-Brief Description of the Drawings (if filed)
-Detailed Description
-Claim(s)
-Abstract of the Disclosure
- ☒ Informal Drawing(s) Total Sheets
- Oath or Declaration
 - ☒ Newly executed (original or copy)
 - ☐ Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed)
 - ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- ☐ Application Data Sheet under 37 CFR 1.76
- ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
- ☐ Nucleotide and/or Amino Acid Sequence (if applicable, all necessary)
 - ☐ Computer Readable Form (CFR)
 - ☐ Specification Sequence Listing on:
 - ☐ CD-ROM or CD-4 (2 copies);
 - ☐ or paper
 - ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS


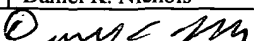
- ☒ Assignment Papers (cover sheet & document(s))
- ☒ 37 CFR 3.73(b) ☒ Power of Attorney Statement (when there is an assignee)
- ☐ English Translation Document (if applicable)
- ☒ IDS ☒ Copies of IDS Citations
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)
- ☐ Certified Copy of Priority Document
- ☐ Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
- Other: _____

18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in- Part (CIP) Prior Appl. No.
Prior Appl. information: Examiner: Group/Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		or	<input type="checkbox"/> Correspondence address below
Name	Daniel K. Nichols		
Address	Motorola, Inc. - Law Department		
City	Schaumburg	State	IL
Country	U.S.A.	Telephone	
Name	Daniel K. Nichols	Registration No.	29,420
SIGNATURE		Date	07/21/2003

FEE TRANSMITTAL Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<i>Complete if Known</i>	
		Application Number	
		Filing Date	07/21/2003
		First Named Inventor	Tarik Hammadou
		Examiner Name	
		Group Art Unit	
TOTAL AMOUNT OF PAYMENT		(\$) 844.00	Attorney Docket No. CML00878AC

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 502117 Deposit Account Name Motorola, Inc. The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.	FEE CALCULATION (continued) 3. ADDITIONAL FEES <table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th></th> <th></th> <th></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> </tr> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge – late filing fee or oath</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge – late Provisional filing</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td></tr> <tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td><td>For filing a request for ex parte Reexamination</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td></tr> <tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td></tr> 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**OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.
 *For Reissues, see above

SUBMITTED BY		<i>Complete (if applicable)</i>	
Name (Print/Type)	Daniel K. Nichols	Registration No.	29,420
Signature		Telephone	(847) 576-5219
		Date	07/21/2003